

## DO/EO WORKSHEET

Paralegal/ National Stage Division

U.S. Appl. No. 10/518554International Appl. No. DK 03/00402Application filed by: ☐ 20 months ☒ 30 months

## WIPO PUBLICATION INFORMATION:

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☐ French ☐ Spanish ☐ Russian ☐ Other: \_\_\_\_\_Publication Date: 08 JAN 04Not Published: ☐ U.S. only designated ☐ EP requestPublished: ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

☒ International Application (RECORD COPY)☐ Article 19 Amendments☒ PCT/IPEA/409 IPER: ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ \_\_\_\_\_☐ Annexes to 409☒ Priority Document (s) No. 2☐ PCT/IB/331☐ Request form PCT/RO/101☐ PCT/ISA/210 - Search Report: ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ \_\_\_\_\_☐ Search Report References☐ Other: \_\_\_\_\_

## RECEIPTS FROM THE APPLICANT (other than checked above):

☒ Basic National Fee (or authorization to charge)☒ Description ☒ Claims ☒ Abstract☐ Drawing Figure(s) - (# of dwgs. 0)☐ Translation of Article 19 Amendments☐ entered ☐ not entered:☐ not a page for page substitution☐ replaced by Article 34 Amendment☐ Annexes to 409☐ entered ☐ not entered:☐ not a page for page substitution☐ other: \_\_\_\_\_☐ Application Data Sheet☐ Power of Attorney/ Change of Address☒ Preliminary Amendment(s) Filed on:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

☒ Information Disclosure Statement(s) Filed on:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

☒ Assignment Document (forwarded to Assignment Branch)☐ Assignee PG Publication Notice☐ Substitute Specification Filed on:

1. \_\_\_\_\_ 2. \_\_\_\_\_

☐ Verified Small Status Statement☒ Oath/ Declaration (executed)☐ DNA Diskette☐ Sequence Listing☐ Other: \_\_\_\_\_

## NOTES:

☐ I.A. used as Specification ☐ Other: \_\_\_\_\_

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

22 Dec 04

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # <u>10/518554</u>																																																							
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width:65%;">Filing</td><td style="width:15%; text-align: center;">1</td><td style="width:15%; text-align: center;">12/22/04</td><td style="width:10%; text-align: center;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: center;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/22/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">4 PAPER NUMBER</td> <td style="width:20%; padding: 5px;">5 DATE FILED</td> <td style="width:20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="height: 100px; vertical-align: top;">           7 TOTAL AMOUNT OF REFUND            \$ 100         </td> <td colspan="2" style="vertical-align: top;">           8 TO BE REFUNDED BY:  <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Treasury Check</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <input checked="" type="checkbox"/> Credit Deposit A/C #:           </div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 5px 0;">             9 <span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">2</span>--<span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">8</span> </div> </td> </tr> </table>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	7 TOTAL AMOUNT OF REFUND \$ 100	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Treasury Check</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <input checked="" type="checkbox"/> Credit Deposit A/C #:           </div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 5px 0;">             9 <span style="border: 1px solid black; padding: 0 5px;">0</span><span style="border: 1px solid black; padding: 0 5px;">2</span>--<span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">4</span><span style="border: 1px solid black; padding: 0 5px;">8</span> </div>	
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10 REASON:
 

<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input type="checkbox"/> No Fee Due (Explanation):	

11 REFUND REQUESTED BY:
 

TYPED/PRINTED NAME: <u>A Johnson</u>	TITLE: <u>paralegal</u>
SIGNATURE: <u>A Johnson</u>	PHONE: <u>308-9440</u>
OFFICE: <u>PCT</u>	

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